

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19362

FILED JUN 1 - 1953

318

1003

State File No.

4734

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> , b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (If in this place) <u>7 CA.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ALTON</u>		8120 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUTES HOSPT.</u>				d. STREET ADDRESS (If rural, give location) <u>3017 LEVERETT</u>			
3. NAME OF DECEASED a. (First) <u>GEORGIA</u> (Type or Print)			b. (Middle) <u>ITAY</u>		c. (Last) <u>FARLEY</u>		4. DATE OF DEATH <u>MO</u> (Month) (Day) (Year) <u>APRIL 7-1953</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 2 1895</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ALTON ILL, 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>
13a. FATHER'S NAME <u>D. H. TRAY</u>			13b. MOTHER'S MAIDEN NAME <u>OPHELIA SWAIN</u>		14. NAME OF HUSBAND OR WIFE <u>ROGER FARLEY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M. R. Farley Jr.</u>			ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor, meningitis, neuro-lemmona, left cerebello-pontine angle.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>angle.</u> DUE TO (c) <u>Edema, cerebral, etc to 1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>approx 5 years.</u> <u>1 day</u>
19a. DATE OF OPERATION <u>may 4, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>hemolemmoma, left cerebello-pontine angle</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR-TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>237X</u>			
22. I hereby certify that I attended the deceased from <u>May 1</u> , 1953, to <u>May 7</u> , 1953, that I last saw the deceased alive on <u>May 7</u> , 1953, and that death occurred at <u>9:25 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>George E. Rouphae</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3770 Goodwin Ave</u>		23c. DATE SIGNED <u>May 8, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ALTON CITY</u>		24d. LOCATION (City, town, or county) (State) <u>ALTON ILL.</u>		
DATE REC'D BY LOCAL REG. <u>MAY 11 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Carson Lewis</u> ADDRESS <u>Alton Ill</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Carson Lunn

Licensed Embalmer No. E 5796

P. O. Address Altam, Ill

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.